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| POSITION | DETAILS | ID NO. | DATE |
| FEE DETERMINATION | <i>[Signature]</i> | | <i>11/03/01</i> |
| O.A.P.E. CLASSIFIER | <i>[Signature]</i> | <i>2, 4</i> | |
| FORMALITY REVIEW | | <i>11422</i> | <i>11-15-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ _____ Rejected
 ○ _____ Allowed
 3- (Through numeral) Canceled
 0+ _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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